

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2003

Tremont HousingAuthority

**NOTE:THISPHAPLANSTEMPLATE(HUD5007 5)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: TremontHousingAuthority

PHANumber: ME-026

PHAFiscalYearBeginning:(10/2002)

PHA Plan Contact Information:

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Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered :

- ☒ Public Housing and Section 8 ☐ Section 8 Only ☐ Public Housing Only

AnnualPHAPlan FiscalYear2003 [24CFRPart903.7]

i.TableofContents

ProvideatableofcontentsforthePlan ,includingattachments,andalistofsupportingdocumentsavailablefor publicinspec tion. ForAttachments,indicatewhichattachmentsareprovidedbyselectingallthatapply.Providethe attachment'sname(A,B,etc.)inthespacetotheleftofthenameoftheattachment.Iftheattachmentisprovidedas a **SEPARATE**files submissionfrom thePHAPlansfile,providethefilenameinparenthesesinthespacetothe rightofthetitle.

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ii.ExecutiveSummary

[24CFRPart903.79(r)]

AtPHAoption,provideabriefoverviewoftheinformationintheAnnualPlan

This Section is left blank since it is optional.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

We have made several changes to our policies and/or programs based on changes in statutes and/or HUD regulations that have occurred in the past year. HUD mandated all of these. In addition, we are adding credit checks to our background investigations of applicants for public housing.

2. Capital Improvement Needs

[24 CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimate or actual (if known) Capital Fund Program grant for the upcoming year? \$ 35,363

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D Demolition and Disposition

[24 CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

- A. ☒ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☒ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- ☒ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5.SafetyandCrimePrevention:PHDEPPlan

[24CFRPart903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6.OtherInformation

[24CFRPart903.7 9(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name) **The RAB requested that we reviewed handicapped accessibility requirements for our common areas.**
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included
- ☐ Yes ☐ No: below or
- ☐ Yes ☐ No: at the end of the RAB Comments in Attachment _____.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment _____.
- ☒ Other: (list below) **A consultant will review the sites and if deficiencies are found we will incorporate changes in the next Capital Fund program.**

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) **State of Maine**

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The State of Maine is available for us to seek funding from if we need to do so.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 90.3.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

A substantial deviation from the 5-year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.

B. Significant Amendment or Modification to the Annual Plan:

Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
XX	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
XX	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
XX	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
XX	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
XX	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
XX	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
XX	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
XX	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
XX	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
XX	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
XX	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
XX	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
XX	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
XX	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
XX	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
XX	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99-52(HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section ____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
XX	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
XX	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> Baseline law enforcement services for public housing developments assisted under the PHDEP plan; Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24CFR 761.15); Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; Coordination with other law enforcement efforts; Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
XX	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24CFR Part 96.0, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
XX	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

AttachmentB

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary					
PHAName: TremontHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo : ME36P02650102 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2002
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Lin e No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration	\$1,000.00			
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	\$5,500.00			
8	1440SiteA cquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	\$28,863.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReser ve				
16	1492MovingtoWorkDemonstration				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Tremont Housing Authority		Grant Type and Number Capital Fund Program Grant No : ME36P02650102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$35,363.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: Tremont Housing Authority		Grant Type and Number Capital Fund Program Grant No: ME36P02650102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
ME26 -2&3	Renovate the efficiency apt to a one BR	1460	2 units	28,863.00				
HA -Wide	Salaries and Benefits	1410		1,000.00				
	Arch/Eng fees	1430		5,500.00				

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

[illegible]

AttachmentC

CapitalFundProgramFive -YearActionPlan PartI:Summary

PHAName TremontHousingAuthority				<input type="checkbox"/> Original5 -YearPlan <input checked="" type="checkbox"/> RevisionNo:2	
Development Number/Name/H A-Wide	Year1 2002	WorkStatementforYear2 FFYGrant:2003 PHAFY:2002	WorkSt atementforYear3 FFYGrant:2004 PHAFY:2003	WorkStatementfor Year4 FFYGrant:2005 PHAFY:2004	WorkStatementfor Year5 FFYGrant:2006 PHAFY:2005
	Annual Stateme nt				
ME26 -2and3					
BirchWoods		32,000	29,000	35,000	35,000
CFPFunds Listed for 5 -year planning		38,000	35,000	40,000	40,000

Replacement Housing Factor Funds		0	0	0	0

Capital Fund Program Five - Year Action Plan
Part II: Supporting Pages — Work Activities

Activities for Year 1	Activities for Year: <u>2</u> FFY Grant: 2003 PHA FY: 2002			Activities for Year: <u>3</u> FFY Grant: 2004 PHA FY: 2003		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual	ME26 -2and3	Construct a bedroom		ME26 -2and3	<i>Continuation of funding</i>	
Statement	<i>Birch Woods</i>	where there is now an		<i>Birch Woods</i>	<i>to convert the eff unit</i>	14,000
		efficiency unit (2 apt)			Add tenant storage	15,000
		Continue funding	32,000			
	HA –Wide	Architect/Eng fee	5,000	HA –Wide	Architect/Eng fee	5,000
		Salaries and benefits	1,000		Salaries and benefits	1,000

		TotalCFPEstimatedCost	\$38,000			\$35,000

CapitalFundProgramFive -YearActionPlan
PartII:SupportingPages —WorkActivities

ActivitiesforYear: _4___ FFYGrant:2005 PHA FY:2004			ActivitiesforYear: _5___ FFYGrant:2006 PHAFY:2005		
Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
ME26 -2and3	Continuationoffunding		ME26 -2and3	<i>Replacetherooft 26-2</i>	35,000
<i>Birch Woods</i>	toprovidefortenant		<i>Birch Woods</i>		
	storage	18,000			
	Replace entrance doors				
	in bldg 300, 200 & 100	17,000			
HA –Wide	Architect/Engfee	4,000	HA –Wide	Architect/Engfee	4,000
	Salariesandbenefits	1,000		Salariesandbenefits	1,000

	TotalCFPEstimatedCost	\$40,000			\$40,000

AttachmentD

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapit alFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary					
PHAName: TremontHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: ME36P02690599 ReplacementHousingFactorGrantNo:			FederalFYofGr ant: 1999
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input checked="" type="checkbox"/> RevisedAnnualStatement(revisionno: 1) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:3/31/02 <input checked="" type="checkbox"/> FinalPerformanceandEvaluationReport					
Lin e No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds	0.00	0.00	0.00	0.00
2	1406Operations	0.00	0.00	0.00	0.00
3	1408ManagementImprovements	0.00	0.00	0.00	0.00
4	1410Administration	\$500.00	\$500.00	\$500.00	\$500.00
5	1411Audit	0.00	0.00	0.00	0.00
6	1415LiquidatedDamages	0.00	0.00	0.00	0.00
7	1430FeesandCosts	\$3,820.00	\$3,820.00	\$3,820.00	\$3,820.00
8	1440SiteAcquisition	0.00	0.00	0.00	0.00
9	1450SiteImprovement	0.00	0.00	0.00	0.00
10	1460DwellingStructures	\$9,336.94	\$9,336.94	\$9,336.94	\$9,336.94
11	1465.1 Dwelling Equipment — Nonexpendable	\$11,385.00	\$15,025.46	\$15,025.46	\$15,025.46
12	1470Nondwel lingStructures	\$10,896.06	\$7,255.60	\$7,255.60	\$7,255.60
13	1475NondwellingEquipment	0.00	0.00	0.00	0.00
14	1485Demolition	0.00	0.00	0.00	0.00
15	1490ReplacementReserve	0.00	0.00	0.00	0.00
16	1492MovingtoWorkDemonstration	0.00	0.00	0.00	0.00

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Tremont Housing Authority		Grant Type and Number Capital Fund Program Grant No: ME36P02690599 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/02 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$35,938.00	\$35,938.00	\$35,938.00	\$35,938.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHANa me: Tremont Housing Authority		Grant Type and Number Capital Fund Program Grant No: ME36P02690599 Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
ME26 -2	Replace refrigerators and stoves	1465.1	15 pairs	11,385.00	11,385.00	11,385.00	11,385.00	
ME26 -2	Stain siding and trim, all buildings	1460		9,336.94	9,336.94	9,336.94	9,336.94	
ME26 -2	Excavate/prepare ground and pour concrete foundation for garage.	1470		10,896.06	7,255.60	7,255.60	7,255.60	
PHA -Wide	A/E Services:							
	Design and oversight of all contracting issues and the CIAP coordination work.	1430		3,000.00	3,000.00	3,000.00	3,000.00	
	Complete a Capital Needs and Energy	1430		820.00	820.00	820.00	820.00	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Tremont Housing Authority			Grant Type and Number Capital Fund Program Grant No: ME36P02690599 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Survey/Assessment Report							
PHA –Wide	Administration-Salaries and Benefits	1410		500.00	500.00	500.00	500.00	
	<i>New Work Items:</i>							
ME26 -2	Install generator	1465.1		0.00	3,640.46	3,640.46	3,640.46	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Attachment E

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Tremont Housing Authority		Grant Type and Number Capital Fund Program Grant No: ME36P02650100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	\$7,200.00	\$7,200.00	\$7,200.00	\$6,239.15
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	\$1,800.00	0.00	0.00	0.00
10	1460 Dwelling Structures	\$11,064.00	\$12,101.46	\$0.00	\$0.00
11	1465.1 Dwelling Equipment — Nonexpendable	\$10,000.00	\$8,892.54	\$8,892.54	\$8,892.54
12	1470 Non dwelling Structures	\$4,420.00	\$6,290.00	\$6,290.00	\$6,290.00
13	1475 Non dwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Tremont Housing Authority		Grant Type and Number Capital Fund Program Grant No: ME36P02650100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$35,484.00	\$35,484.00	\$23,382.54	\$22,421.69
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: Tremont Housing Authority		Grant Type and Number Capital Fund Program Grant No: ME36P02650100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
ME26 -2&3	Replace medicine cab't light	1460		3,000.00	0.00	0.00	0.00	
ME26 -2&3	Replace vinyl floor in all units	1460		6,064.00	0.00	0.00	0.00	
ME26 -2&3	Construct two dumpster pads	1450	2	1,800.00	0.00	0.00	0.00	
ME26 -2&3	Make-up air grill on boiler door need to	1460		500.00	0.00	0.00	0.00	
	be larger.							
ME26 -2&3	Relocate phone line from back of new	1460		1,500.00	0.00	0.00	0.00	
	units to within the boiler rm (security)							
ME26 -2&3	Repl Comm Rm doors & construct steps	1470		4,420.00	6,290.00	6,290.00	6,290.00	
ME26 -2&3	Inst a Generator supplemented w/FY99)	1465.1		10,000.00	8,892.54	8,892.54	8,892.54	
HA -Wide	Salaries and Benefits	1410		1,000.00	1,000.00	1,000.00	1,000.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: Tremont Housing Authority		Grant Type and Number Capital Fund Program Grant No: ME36P02650100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA –Wide	Arch/Eng contract to develop plans and	1430		7,200.00	7,200.00	7,200.00	6,239.15	
	specs for construction bid documents,							
	inspect work and certify completion							
	to design plus design of unit conversion							
	<i>New Work Item</i>							
ME26 -2&3	Replace kitchen and bath faucets and	1460		0.00	12,101.46	0.00	0.00	
	Shower controls (supplemented in FY01)							

Part III: Implementation Schedule

2000

AttachmentF

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFact or(CFP/CFPRHF)PartI:Summary					
PHAName: TremontHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: ME36P02650101 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2001
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input checked="" type="checkbox"/> RevisedAnnualStatement(revisionno: 1) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:3/31/02 <input type="checkbox"/> FinalPerformanceandEvaluation Report					
Lin e No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	0.00	0.00	0.00	0.00
3	1408ManagementImprovements	0.00	0.00	0.00	0.00
4	1410 Administration	\$1,000.00	\$1,000.00	\$1,000.00	0.00
5	1411Audit	0.00	0.00	0.00	0.00
6	1415LiquidatedDamages	0.00	0.00	0.00	0.00
7	1430FeesandCosts	\$3,500.00	\$3,500.00	\$3,500.00	0.00
8	1440SiteAcquisition	0.00	0.00	0.00	0.00
9	1450SiteImprovem ent	\$11,500.00	0.00	0.00	0.00
10	1460DwellingStructures	\$17,000.00	5,500.00	0.00	0.00
11	1465.1 Dwelling Equipment — Nonexpendable	\$3,177.00	0.00	0.00	0.00
12	1470NondwellingStructures	0.00	26,177.00	0.00	0.00
13	1475NondwellingEquipment	0.00	0.00	0.00	0.00
14	1485Demolition	0.00	0.00	0.00	0.00
15	1490ReplacementReserve	0.00	0.00	0.00	0.00
16	1492MovingtoWorkDemonstration	0.00	0.00	0.00	0.00

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Fact or (CFP/CFPRHF) Part I: Summary					
PHA Name: Tremont Housing Authority		Grant Type and Number Capital Fund Program Grant No: ME36P02650101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$36,177.00	\$36,177.00	4,500.00	0.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: Tremont Housing Authority		Grant Type and Number Capital Fund Program Grant No: ME36P02650101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
ME26 -2&3	Repl kitchen and lav faucets with Delta	1460		5,500.00	5,500.00	0.00	0.00	
	single -lever handles (supp w/FY00)							
ME26 -2&3	Construct a bedrm to the two eff. units	1460		11,500.00	0.00	0.00	0.00	
	along the end of the bldg, relocate elec.							
	electric, service entrance.							
ME26 -2&3	Install a catch basin at the corner of the	1450		11,500.00	0.00	0.00	0.00	
	Family Bldg 300, along w/ a stonewall							
	at the drain ditch and inst. or fill in this							
	area with a pipe.							
ME26 -2&3	Insta Generator (completion from FY00)	1465.1		3,177.00	0.00	0.00	0.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Tremont Housing Authority		Grant Type and Number Capital Fund Program Grant No: ME36P02650101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA –Wide	Salaries and Benefits	1410		1,000.00	1,000.00	1,000.00	0.00	
HA –Wide	Arch/Eng contract to develop plans and	1430		3,500.00	3,500.00	3,500.00	0.00	
	specs for construction bid documents,							
	inspect work and certify completion to							
	design.							
	<i>New Work Item</i>							
HA –Wide	Construct a garage for PHA storage	1470		0.00	26,177.00	0.00	0.00	
	(work started in FY99)							

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name : Tremont Housing Authority			Grant Type and Number Capital Fund Program No: ME36P02650101 Replacement Housing Factor No:				Federal FY of Grant: 2001
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
ME26 -2 and	9/03			9/04			
ME26 -3							
PHA –Wide	9/03			9/04			

Required Attachment G : Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Richard Reed

B. How was the resident board member selected: (select one)?

- ☒ Elected
☐ Appointed

C. The term of appointment is (include the date term expires): 6/2005

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis g
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate a appointing official for the next position):

Required Attachment _ H_____: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Due to poor attendance in the past, we decided to invite all residents to serve on the Resident Advisory Board. Therefore this list includes every adult living on our property.

AttachmentI

- a.HowmanyofthePHA’sdevelopmentsaresubjecttotheRequiredInitialAssessments?1
- b.HowmanyofthePHA’sdevelopmentsarenotsubjecttotheRequiredInitialAssessments basedonexemptions(e.g.,elderlyand/orisable ddevelopmentsnotgeneraloccupancy projects)?0
- c.HowmanyAssessmentswereconductedforthePHA’scovereddevelopments?1
- d.IdentifyPHAdevelopments thatmaybeappropriateforconversionbasedontheRequired InitialAssessments:

DevelopmentNa me	NumberofUnits
NONE	

d.IfthePHAhasnotcompletedtheRequiredInitialAssessments,describethestatusofthese assessments:

